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REPORT OF RECEIPTS AND DISBURSEMENTS

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(Revised 02/2003)

For An Authorized Committee Office Use Only 1. NAME OF TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. Crow for Us Senate 1PO BOX 825 ADDRESS (number and street) Check if different than previously reported. (ACĆ) CITY A STATE A ZIP CODE A FEC IDENTIFICATION NUMBER ▼ STATE ▼ DISTRICT 3. IS THIS NEW **AMENDED** REPORT OR (N) (A) TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the: (a) Quarterly Reports: Primary (12P) General (12G) Runoff (12R) X April 15 Quarterly Report (Q1) Convention (12C) Special (12S) July 15 Quarterly Report (Q2) in the October 15 Quarterly Report (Q3) Election on State of January 31 Year-End Report (YE) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Termination Report (TER) in the Election on State of 01/2015 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.